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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/632,852
Filing Date	August 4, 2003
First Named Inventor	BONNEFOY
Art Unit	1644
Examiner Name	D.A. Saunders
Attorney Docket Number	1430-284

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: application was transferred to Assignee.

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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<input type="checkbox"/> Firm or Individual Name	GlaxoSmithKline plc				
Address	709 Swedeland Road				
City	King of Prussia	State	PA	Zip	19406
Country	USA				
Telephone				Email	
Signature	<i>Mary J. Wilson</i>				
Name	Mary J. Wilson			Registration No.	32,955
Date	August 4, 2006			Telephone No.	(703) 816-4000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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